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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE
10 OCT 15 PM 12: 25

		Office Use Only
1. NAME OF USE FEC MA COMMITTEE (in full) OR TYPE OR	ILLING LABEL Example:If typing, type over the lines	
Friends of Senator Carl Levin		
ADDRESS (number and street) 10 G Stre	et, N.E., Suite 570	
Check if different than previously reported. (ACC) Washingt	on	[DC]20002
2. FEC IDENTIFICATION NUMBER 🔻	CITY A	STATE▲ ZIP CODE ▲ STATE ▼ DISTRIC
C00088484	3. IS THIS X NEW (N) OR	AMENDED MI 100
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER) 5. Covering Period 0 7 0 1		General (12G) Runoff (12R) Special (12S) in the State of Runoff (30R) Special (30S) in the State of
Type or Print Name of Treasurer Tina Signature of Treasurer Electronically Filed by	ne best of my knowledge and belief it is true, correct Stoll Tina Stoll	Date 10 15 2010
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